

For questions on page 815**Answer 1***Theme: Treatment strategies*

- (a) **True.** It may reverse the confusion temporarily allowing you to elicit a better history and explore consent issues. However, it may lower the patient's fitting threshold.¹
- (b) **True.** And readily available!²
- (c) **True.** In one large non-randomised trial the rates of recovery at 6 months were 91% (prednisolone) versus 100% (prednisolone plus aciclovir) if the treatment was started within 3 days. The dose schedules were: a 10-day course of 1 mg/kg per day of prednisolone, and a 7-day course of 2000 mg/day of aciclovir.³
- (d) **False.**⁴

Answer 2*Theme: Ketamine*

- (a) **False.** It does reduce hypersalivation but this is of no clinical consequence.⁵
- (b) **False.**^{6,7} Consider using it reactively in the rare circumstance of a significant emergence problem.
- (c) **True.**⁸
- (d) **False.** Pulse oximetry and direct observation alone are sufficient.⁹

Answer 3*Theme: Propofol*

- (a) **False.** It may be considered as a treatment for refractory status epilepsy.¹⁰
- (b) **True.** The propofol data sheet that accompanies the vials also lists purified egg as a listed ingredient in the emulsion. Egg allergy is also a contraindication.
- (c) **True.**¹¹
- (d) **False.** Injection site pain is uncommon (2–20% in existing emergency department reports).¹¹ Use lignocaine at your discretion.

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